



DISTRICT OF COLUMBIA  
PUBLIC SCHOOLS

**MEMORANDUM:**

**To: ALL DCPS AND FORMER DCPS EMPLOYEES**

**FROM: OFFICE OF HUMAN RESOURCES**

**RE: Requesting a Plan Administrator Signature for 403 (b) Plans for Hardship Withdrawals Only**

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**Effective January 1, 2009** the Internal Revenue Services Division has enforced a regulation that a Plan Administrator Signature is needed for any and all withdrawals, Hardship withdrawals, loans, rollovers, and transfers from the employer of the Public Education System of the 403 (b) Plans.

When requesting a **Hardship Withdrawal from your 403 (b)**; you must terminate your payroll deductions for a period of six (6) months pursuant to the 403 (b) regulations of the Internal Revenue Services. **Please complete a termination of Tax Shelter Annuity Form and attach it to your Hardship withdrawal request. Your application will be on hold until the termination form has been completed and submitted to DCPS-OHR.**

To **restart your contributions** after the six (6) month period has expired please contact your Tax Shelter Annuity -403 (b) Representative.

Due to the high volume of requests, it is DCPS Office of Human Resources Policy that a Plan Administrator Signature will not be granted the same day the forms are received.

**The processing time for a Plan Administrator Signature is three (3) full business days. This does not include holidays or weekends. Turnaround time is subject to change during the busy times of the school year.**

For questions and concerns contact your Tax Shelter Annuity-403 (b) Representative. For list of Approved TSA representatives contact the DCPS Office of Human Resources (202) 442-4318. To view the Internal Revenue Services regulations go to [www.irs.gov](http://www.irs.gov).



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Request for Plan Administrator Signature for 403 (b) Plans

Please indicate how you wish to have your forms processed after obtaining a Plan Administrator signature: (Please check)

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LAST FOUR OF SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_ Fax directly to the Tax Shelter Annuity-403(b) Vendor

\_\_\_\_\_ Pick up Forms from DCPS-OHR

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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District of Columbia Public Schools

Tax Shelter Annuity 403(b) SALARY REDUCTION AGREEMENT

I authorize District of Columbia Public Schools to reduce my salary in the amount specified below for the purchase of the specified annuity or custodian account in accordance with the provisions of Section 403(b) of the Internal Revenue Code and with respect to amounts earned subsequent to the date of this agreement.

A. EMPLOYEE INFORMATION (Please print)

Name: \_\_\_\_\_ Last four of Soc. #: \_\_\_\_\_  
Last First MI

B. SALARY REDUCTION AGREEMENT

Check one of the following, as appropriate:

\_\_\_ Original Agreement \_\_\_ Modified Agreement \_\_\_ Cancellation

Name of TSA 403 (b) Company: \_\_\_\_\_

Reduction Amount per Pay Period (\$): \_\_\_\_\_

TSA Vendor Representative Name: \_\_\_\_\_

TSA Vendor Representative Phone Number: \_\_\_\_\_

\*\*\*Processing time 3-4 pay periods\*\*\*

C. TSA 403 (b) Salary Reduction Agreement

This agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the District of Columbia Board of Education (hereinafter called the BOARD) and \_\_\_\_\_ (hereinafter called the EMPLOYEE).

WHEREAS, the Board has adopted a plan to purchase certain annuity benefits for its employees pursuant to Section 403(b) of the Internal Revenue Code, wherein it is provided that Board employee's salaries may be reduced for the purpose of utilizing the exclusion allowance and other provisions set forth in that section.

AND THAT, the aforementioned employee wishes to avail himself/herself of these benefits.

NOW, THEREFORE, the parties hereby mutually agree to amend the aforementioned employees' employment contract as follows:

That this amendment is made a part of the employment contract and shall remain a part hereof for the duration of the employment contract.

That the Board shall reduce the present salary of the aforementioned employee from \$\_\_\_\_\_ to \$\_\_\_\_\_ per annum.

That the Board shall purchase a nonforfeitable, nontransferable annuity contract with \_\_\_\_\_ to provide retirement benefits for the employee and that the aforementioned employee shall be the owner of the said contract. The amount which the Board shall contribute toward the purchase price of the annuity contract shall be \$\_\_\_\_\_ per annum.

That the aforesaid sum of \$\_\_\_\_\_ payable toward the purchase price of the annuity contract as specified above will apply only to salary earned after the agreement is in effect. Also, no more than one (1) agreement for salary reduction may be made within any taxable year.

That no provision of this amendment shall obligate the Board to contribute any sums whatsoever to the purchase price of said annuity contract for the employee that is in excess of the aforementioned amount agreed upon in this amendment.

That except as herein set forth in this amendment, the employment contract of the undersigned employee is not otherwise amended and shall remain in full force and effect in each and every particular; and that if any provision of the employment contract is in conflict with this amendment, then the provision of said employment contract shall control and govern the actions of the parties thereto.

D. EMPLOYEE'S AUTHORIZATION

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E. EMPLOYER AUTHORIZATION: DCPS-Office of Human Resources Official Use

DCPS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TSA Processing Code: \_\_\_\_\_ EMP ID# \_\_\_\_\_ EMP Rcd # \_\_\_\_\_